



Land Use & Environmental Services Division (850) 891-7100
 Location: 435 N. Macomb Street
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STORMWATER MANAGEMENT FACILITY (SWMF) OPERATING PERMIT APPLICATION
(Separate Application Required for Each Pond)

1. Application Type (check only one): New Operating Permit Amendment of Operating Permit:
 Existing OP# _____
2. Facility Type: (check only one): Surface Confined Space
3. Parcel Identification Number: _____
4. LUC #: _____
5. Pond Name: _____
6. Pond Location: _____
7. Site Type (check all that apply): Regional/Multi Site Single Parcel Government Entity
8. Ownership Type (check only one): Private City of Tallahassee Other Government
9. Pond Type (check only one):
 Exempt
 Dry Retention (Retention/Percolation)
 Wet Detention (Staged Treatment)
 Dry Detention (Treatment)
 Dry Detention (Detention/Treatment)
 Flood Control (Detention/Rate)
 Flood Control (In-Line Detention - Comp. Vol.)
10. This application submittal is in accordance with Environmental Permit: TEM: _____
 Environmental Permit Name: _____
11. Owner or Homeowner's Association Name: _____
 Mailing Address: _____

 City State Zip
 Telephone: _____ Fax No.: _____
 E-Mail Address: _____
 If applicable, Fla. Div. of Corporations Document #: _____
12. Facility Operator Name: _____
 Mailing Address: _____

 City State Zip
 Telephone: _____ Fax No.: _____
 E-Mail Address: _____

13. Agent Name: _____
 Mailing Address: _____

 Telephone: _____ City _____ State _____ Zip _____ Fax No.: _____
 E-Mail Address: _____

14. Outfall to Waters of the U.S.: ___Yes ___No If Yes: ___Major ___Minor
 If yes, Connection Point: Latitude _____ Longitude _____

15. Pond Center: Latitude _____ Longitude _____

16. Capacity Record Information (This record must be updated each time a new parcel is permitted to utilize this stormwater management facility.):

Total Impervious Square Feet Allocation for SWMF: _____

Impervious Area Capacity Record			
Parcel I.D. or Lot #	Allocation (sq. ft.)	Used (sq. ft.)	Reserved (sq. ft.)

Remaining Balance (total reserve): _____

Certification by:

Name: _____ Engineer Seal: _____
 Firm Name: _____
 License #: _____ Date: _____

17. Applicants Declaration:

I agree to implement the Stormwater Management Facility Operation and Maintenance Plan approved with this application. I agree to maintain a Facility Capacity Accounting Record. I understand that the Operating Permit expires three years from the date of issuance and that application for renewal must be submitted at least three (3) but not more than six (6) months prior to it's expiration. I understand that the Stormwater Facility must pass an Operations and Maintenance Inspection prior to renewal of the Operating Permit. I understand that the Operating Permit must be amended in the event that property ownership or the maintenance entity changes.

 Signature

 Date

 Print Name

 Title (as it relates to authority to execute this document)

Stormwater Operating Permit Checklist & Guidelines:

- ___ Provide a project statement or narrative that includes but is not limited to the following:
 - Description of facilities to be permitted, whether it is a dry detention, wet detention, sand filter or retention facility.
 - A narrative that describes how supervision of the Stormwater Management Facility Operator is to be provided.
 - A narrative that describes how funding is to be provided for employment of the Facility Operator and for implementation of the Operation and Maintenance Plan.
- ___ A detail of the operating capacity of the facility. The capacity accounting record portion of the application should be completed. If any portion of the capacity of the stormwater facilities is reserved for future use by specific parcels, identify the parcels by a map and parcel identification numbers. If the capacity is greater than that which was permitted, furnish calculations that demonstrate the excess capacity.
- ___ A location map provided on the site plan or attached as a separate document.
- ___ A drainage area map showing the limits of the drainage area contributing to the stormwater facility (including flow patterns and conveyance systems, roof drain systems, etc.).
- ___ The "Affidavit of Ownership and Designation of Agent" must be signed by the owner and notarized. *(1 original required)*
- ___ Operation and Maintenance Plan outlining the specific operating procedures including routine, intermittent and annual maintenance consisting of but not limited to: lubricating and exercising of valves and gates, if any. Cleaning of weirs and trash racks, mowing, dredging, cleaning and/or replacing filter media and underdrains (as applicable), and all other activities required to ensure that the facility performs as designed. Include possible facility adjustments and how and when they will be made. This plan should include estimates of equipment required, man hours and crew size, schedules, and an estimate of long term annual cost. Also include maintenance of wetlands or aquatic species vegetation if any exist and/or are required.
- ___ Articles of Incorporation and Bylaws of the SWMFPOA which have been approved by the director as meeting the requirements of Chapter 5 of the City of Tallahassee Land Development Code, and other local government requirements if any, and which have been recorded in the official Record Books of Leon County.
- ___ A list of all names, addresses and telephone numbers of the SWMFPOA officers including corporate attorney (if any) and person for service of legal process.
- ___ A map or maps indicating each parcel and the tax identification number for each parcel for which an owner is required to maintain membership in the SWMFPOA.
- ___ A certificate of good standing for the association as issued by the Florida Secretary of State.
- ___ Three (3) sets of the Stormwater Facility as-built construction plans, including control structure details, sand filter details, grade, and elevations. Plans must be signed & sealed by a registered land surveyor.
- ___ Color documents should also be submitted in electronic form in one of the following formats: .tif, .pdf, .jpeg, or .bmp.
- ___ The application form is complete with all blanks filled in or marked "N/A" as not applicable.